| 1  | PATENT A                                       | APPLICAT<br>E                    | FEE                      | DETER<br>ober 1, 2                          | MIN<br>004  | ATION RE         | :CC        | ORD.                | 10/                    | 51         | 442                 | 0                      |
|--|--|----------------------------------|--------------------------|---|-------------|------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
| CLAIMS AS FILED - PART (Column 2)  |  |                                  |                          |   |             |                  |            | SMALL EN            | 71TY                   | OR         | OTHER<br>SMALL E    |                        |
| OT   | AL CLAIMS                                      |                                  |                          |   |             |                  |            | RATE                | FEE                    |            | RATE                | FEE                    |
|  |  |                                  | NUMBER FILED NUMB        |   |             | SER EXTRA        |            | BASIC FEE           |                        | OR         | BASIC FEE           | 954                    |
| OR<br>—  |  | 5 04 411 15                      | // minus 20 = .          |   |             |                  |            | X\$9=               |                        | OR         | X \$ 18 =           | 7                      |
|  | L CHARGEABI                                    |                                  | minus 3                  |   |             |                  | 1          | X \$ 44 =           |                        | OR         | X \$ 88 =           |                        |
|  | ENDENT CLA                                     |                                  | 5                        |   |             |                  |            |                     |                        | OR         | + \$ 300 =          |                        |
| IULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                  |                          |   |             |                  |            | + \$ 150 =          |                        | OR         | TOTAL               | 050                    |
| H t  |  |                                  |                          |   |             | otumn 2          | •          | TOTAL               |                        | Ų.         | ,                   | ~~                     |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |                                  |                          |   |             |                  |            | SMÄLL I             | ENTITY                 | OR         | SMALL               |                        |
| Z 1  | Ì  | CLAIMS REMARKING AFTER AMENDMENT |                          | HIGHEST<br>MUMBER<br>PREVIOUSLY<br>PAID FOR |             | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .10                              | Minus                    | -7:   | )           | =                |            | X\$9=               |                        | OR         | X \$ 18 =           | ·                      |
|  | Independent                                    | •                                | Minus                    | m 3   |             |                  |            | X \$ 44 =           |                        | OR         | X \$ 88 =           |                        |
|  |  | NTATION OF                       | MULTIPLE DEPENDENT CLAIM |   |             |                  | + \$ 150 = |                     | OR                     | + \$ 300 = |                     |                        |
|  | FIRST FIRST                                    |                                  |                          |   |             |                  |            | TOTAL<br>ADDIT, FEE |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
|  | • •  | (Column 1)                       |                          | (Colum                                      | ທ 2)        | (Column 3)       | _          |                     |                        |            |                     |                        |
| AMENDMENT B  | 11110  | CLAIMS<br>REMAINING<br>AFTER     |                          | HEIGHE<br>NUMB<br>PREVIO<br>PAID I          | ER<br>USLY  | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 3/                             | Minus                    | - 20  | 9           | = 10             |            | X\$9=               |                        | OR         | X \$ 18 =           | 500                    |
|  | Independent                                    | • 1                              | Minus                    | 3   |             | 2/5              |            | X\$44=              |                        | OR         | X \$ 88 =           | B                      |
|  |  | ENTATION OF                      | MULTIPLE DEPENDENT CLAIM |   |             |                  | 1          | + \$ 150 =          |                        | OR         | + \$ 300 =          |                        |
|  |  |                                  |                          |   |             |                  | 3          | YOTAL<br>ADDIT, FEE |                        | OR         | TOTAL<br>ADDIT. FEE | 500 05                 |
|  | •  | (Column 1)                       | 1                        | (Colum                                      | nn 2)       | (Column 3)       | _          |                     |                        | _          |                     |                        |
| AMENDMENT C  |  | CLADAS<br>REMAINING<br>AFTER     |                          | PREVIO                                      | BER         | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total ·  | • AMENDMEN                       | Minus                    |   | <del></del> | -                | 1          | X\$9=               |                        | OR         | X\$18=              |                        |
|  | independent                                    |                                  | Minus                    | •••   |             | =                | 1          | X \$ 44 =           |                        | OR         | X \$ 88 =           |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                          |   |             | 1                | + \$ 150 = |                     | OR                     |            |                     |                        |
| -  |  |                                  |                          |   |             |                  | -3         | TOTAL<br>ADDIT, FEE |                        | OR         | ADDIT. FEI          |                        |
| ::   | if the "Highest N                              | tumber Previous                  |                          | HIS SPACE IS                                | less the    | M. Soriem ex.    |            |                     |                        | umo 1.     |                     |                        |

Application or Docket Number